



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN 1 3 1997

Raymond A. Enroth

Manager of Regulatory Affairs

& Quality Enhancement Bernafon-Maico, Inc.

9675 West 76th Street

Eden Prairie, MN 55344

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Dear Mr. Enroth:

Re: K971158

Dualine 400 CIC

Dated: March 25, 1997 Received: March 28, 1997

Regulatory class: I

21 CFR 874.3300/Procode: 77 ESD

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

While your device has been deemed substantially equivalent to other legally marketed hearing aids, please be advised that electromagnetic interference from digital cellular telephones, as well as from other sources, is increasingly becoming a concern. Typically, this interference takes the form of a buzzing sound that can range from annoying to very loud and may render a hearing aid temporarily ineffective for the wearer. Because electromagnetic interference may affect your device, you may be asked to test for electromagnetic compatibility in the future. In this interim period, we encourage you to modify your device labeling to inform practitioners and users of the potential for electromagnetic interference. Please be aware that a 510(k) submission is required for any claims that infer that your device is compatible with potential sources of electromagnetic interference, such as "compatible with digital cellular telephones", and that data supporting such claims is necessary.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597 or at its Internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Lillian Yin, Ph.D.

Director, Division of Reproductive, Abdominal, Ear, Nose and Throat, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Device Name:			Page 1 of 1
A. General Indications:  The intended use of this model hearing aid is to amplify sound pressure waves and transmit the signal to the external ear, through the medium air, to compensate for impaired hearing. This device is indicated for individuals with losses in the following categories:  Severity:  Configuration:  Other:  1. Slight  X 1. High Frequency Precipitously Sloping To Loudness  X 2. Mild X 2. Gradually Sloping 2.  X 3. Moderate X 3. Reverse Slope 3.  4. Severe X 4. Flat 5. Profound  Other  Concurrence of CDRH, Office of Device Evaluation (ODE)  Concurrence of CDRH, Office of Device Evaluation (ODE)	510 (k) Number ( if know	v ): <u>K 971158</u>	
The intended use of this model hearing aid is to amplify sound pressure waves and transmit the signal to the external ear, through the medium air, to compensate for impaired hearing. This device is indicated for individuals with losses in the following categories:    Configuration: Other:   1. Slight	Device Name: Dt	JALINE 400 CIC	
The intended use of this model hearing aid is to amplify sound pressur waves and transmit the signal to the external ear, through the medium air, to compensate for impaired hearing. This device is indicated for individuals with losses in the following categories:    Configuration: Other:   1. Slight	Indications For Use:		
waves and transmit the signal to the external ear, through the medium air, to compensate for impaired hearing. This device is indicated for individuals with losses in the following categories:  Severity:  Configuration:  Other:  1. Slight  X 1. High Frequency Precipitously Sloping To Loudness  X 2. Mild X 2. Gradually Sloping 2.  X 3. Moderate X 3. Reverse Slope 3.  4. Severe X 4. Flat 5. Profound  CPLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)  Concurrence of CDRH, Office of Device Evaluation (ODE)  When he was a contractive, Abdominal, ENT, and Radiological Devices 510(k) Number 1971/1578  Prescription Use OR Over-The-Counter Use Per 21 CFR 801.109)	A. General Indicat	ions:	
	waves and air, to comp	transmit the signal to the external ea pensate for impaired hearing. This de	ar, through the medium of vice is indicated for
- Precipitously Sloping To Loudness  X 2. Mild X 2. Gradually Sloping 2.  X 3. Moderate X 3. Reverse Slope 3.  4. Severe X 4. Flat  5. Profound 5. Other  (PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)  Concurrence of CDRH, Office of Device Evaluation (ODE)  (Division Sign-Off) Division of Reproductive, Abdominal, ENT, and Radiological Devices  510(k) Number 197/158	Severity:	Configuration:	Other:
X 3. Moderate X 3. Reverse Slope3	1. Slight	X 1. High Frequency - Precipitously Sloping	X_1. Low Tolerance To Loudness
4. Severe  X 4. Flat  5. Profound  5. Other  (PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)  Concurrence of CDRH, Office of Device Evaluation (ODE)  (Division Sign-Off)  Division of Reproductive, Abdominal, ENT, and Radiological Devices  510(k) Number <u>K97//58</u> Prescription Use  OR  Over - The - Counter Use  (Per 21 CFR 801.109)	<u>X</u> 2. Mild	X 2. Gradually Sloping	2
	X 3. Moderate	X_3. Reverse Slope	3
(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)  Concurrence of CDRH, Office of Device Evaluation (ODE)  (Division Sign-Off)  Division of Reproductive, Abdominal, ENT, and Radiological Devices  510(k) Number K97/158  Prescription Use OR Over - The - Counter Use Per 21 CFR 801.109)	4. Severe	<u>X</u> 4. Flat	
Concurrence of CDRH, Office of Device Evaluation (ODE)  (Division Sign-Off)  Division of Reproductive, Abdominal, ENT, and Radiological Devices  510(k) Number <u>K97//58</u> Prescription Use OR Over - The - Counter Use (Per 21 CFR 801.109)	5. Profound	5. Other	_
(Per 21 CFR 801.109)	NEEDED)	Division of Reproductive, Abdominal, ENT, and Radiological Devices	

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